Dwight Barnes, O.D., FIAOMC
Kelly Barnes, O.D.

10110 Green Level Church Road, Suite 102
Cary, NC 27519
T: 919-465-7400; F: 919-465-7455

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: ______________________________________ Date of Birth: ________________

Previous Name (if applicable): ____

I request and authorize:

Cary Family Eye Care

10110 Green Level Church Road

Suite 102

Cary, NC 27519

Telephone: 919-465-7400 Fax: 919-465-7455

To release healthcare information of the patient named above to:

Doctor/Practice name: ____

Phone/Fax number: ____

This request and authorization applies to:

□ Healthcare information related to the following treatment, condition, or dates: ____

____

□ All healthcare information

□ Other: ____

Patient/Guardian Signature: _____________________________________ Date: _______________

Name (print): ____